

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

03 - 03 - 03

2. STATE:

South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 003 \$ -0-

b. FFY 004 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-C, Page 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 3.1-C, Page 9

10. SUBJECT OF AMENDMENT:

to allow for accreditation of Psychiatric Residential Treatment Facilities by the Commission  
on Accreditation of Rehabilitation Facilities or the Commission on Accreditation, in  
addition to the Joint Commission for Accreditation of Health Care Organizations in conformity  
with like alignments in applicable federal regulations.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Vugie R. Chambers

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

William A. Prince

14. TITLE:

Director

15. DATE SUBMITTED:

December 12, 2002

16. RETURN TO:

30 Department of Health and Human Services  
Post Office Box 8206  
Columbia, South Carolina 29202-8206

17. DATE RECEIVED:

December 23, 2002

18. DATE APPROVED:

February 10, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Renard L. Murray

21. TYPED NAME:

Rhonda R. Cottrell

22. TITLE:

Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS:

## L. Inpatient Psychiatric Services for Individuals Under Age 21:

1. Accreditation by the Joint Commission for Accreditation of Health Care Organizations is required for Psychiatric Hospitals. For Psychiatric Residential Treatment Facilities, accreditation by the Joint Commission for Accreditation of Health Care Organizations; or the Commission on Accreditation of Rehabilitation Facilities; or the Council on Accreditation is required.
2. Licensing and certification by DHEC is required for instate psychiatric hospitals. Instate Psychiatric Residential Treatment Facilities must hold valid and current DHEC licensure. For Psychiatric Residential Treatment Facilities, licensing is applicable April 1, 1994.
3. Licensing, when required by state regulations, and certification by the officially designated authority for state standard setting is required for out of state psychiatric hospitals and psychiatric Residential Treatment Facilities.
4. Provider contracts are negotiated with appropriate standards for allowable costs by SCDHHS.
5. Advice about health and medical services is provided to SCDHHS by the Medical Care Advisory Committee.
6. Reimbursement policy and criteria are disseminated to providers in Provider Manuals and Bulletins by SCDHHS.
7. ICD-9 Diagnostic and Procedure Codes are required by SCDHHS.
8. Utilization Review of inpatient psychiatric services for individuals under age 21 is performed under contract with a Peer Review Organization (PRO).
9. SCDHHS monitors PRO activities.
10. Prior approval of all inpatient psychiatric facility services and psychiatric residential treatment facility placements will be required in order to verify medical necessity. All requirements described at 42 CFR 441.152 will be met.

## M. Any Other Medical Care or Remedial Care Recognized Under State Law and Specified by the Secretary:

## 1. Services: Transportation

- a. Provider contracts are negotiated with appropriate standards for allowable costs by SCDHHS.
- b. Advice about health and medical services is provided by SCDHHS by the Medical Care Advisory Committee.
- c. Reimbursement policy and criteria are disseminated to providers in Provider Manuals and Bulletins by SCDHHS.

SC MA 03-003

EFFECTIVE DATE: 01/ 01/ 03

RO APPROVALS: 02/10/03

SUPERSEDES MA 94-011